

used and some people at once found a bad smell when they learnt what was being burnt. But I will back one Crowley cart to emit more smell in an hour than 1,000 incinerators such as I have described would emit in a year. I often have to catch a train at 6 A.M. and it is no exaggeration to say that I have to cut my way through a trail of smell left by the Crowley carts the whole way from my gate to the station, a distance of two miles.

I would not advocate this method of incinerating in jails and rural communities where I thoroughly believe in the principles taught in Poore's "Rural Hygiene," but the essence of Poore's teaching is burial on the spot and such a thing as carriage for two, three or four miles in a Crowley cart was not contemplated.

Not only do I consider this method the most sanitary and efficient, but it must also be the cheapest. In the station hospital alone the saving effected is Rs. 60 a month and will be Rs. 80. This would much more than cover the increased value of the land from trenching.

It is also the simplest and requires hardly any supervision once properly started. Crowley carts require supervision which they cannot get as they have to begin removal from private compounds at 4 A.M.

Yours, etc.,
H. HAMILTON, C.B.,
COLONEL, I.M.S.

AMBALA,

18th February, 1907. }

CIVIL HOSPITAL ASSISTANTS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the January edition of your *Gazette*, a letter has appeared from the pen of a Hospital Assistant, echoing the voice and sentiments of the entire body of Hospital Assistants serving under Government, and I, for one, very heartily concur in this appeal and all the Bengal Hospital Assistants I have met, are, I believe, of the same opinion.

From time to time suggestions have been vouchsafed to safeguard the interests of the ill-paid Hospital Assistants comparing to their course of studies and general proficiency required before they come out successfully from any recognized medical school and the multifarious work done by them after their recruitment in the service. I hope and trust our masters under whom we are serving so loyally and faithfully so long, will take the question seriously and kindly watch that justice is being done to their poor subordinates.

It is an admitted fact that efficiency and usefulness of the department maintained by our benign Government with a philanthropic generosity chiefly depends on the zeal, energy and whole heartedness displayed by Hospital Assistants.

So, Mr. Editor and our superior officers, it only remains for you to raise your powerful voice on behalf of your loyal and so long neglected subordinates who form the bulwark of the subordinate medical staff, mainly propagating relief to the suffering public, and to move the Government in this matter.

I shall be much obliged if you would kindly allow a space in your widely circulated journal for publication of my letter as a "rejoinder" to the appeal formulated by my friend Raghu Nath Bamun Bapat in his letter to your address, under date 15th November last.

I am, Sir, yours, etc.,
SATKARI GANGOPADHYA,
CIVIL HOSPITAL ASSISTANT,
Fumka, S. P.

THE INDIAN MEDICAL SERVICE.*

By D. G. CRAWFORD, M.B.,

LIEUT.-COLONEL, I.M.S.,

Civil Surgeon, Hughli.

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1. *Introduction.*—The Indian Medical Service, as now constituted, consists of Medical Officers who have been appointed, after open competition in England, for

service under the Government of India. In organization and in rank, it is essentially a military service, though a large proportion of its members are always in civil employment. The military members are attached to one or other of the Commands and Divisions, between which the Indian Army is now distributed. The civil members are similarly attached to one or other of the several administrative provinces. But all form one corps, and are liable to be transferred, according to the exigencies of the service, to different spheres of duty. Those officers of the Royal Army Medical Corps, who are temporarily stationed in India, serve with the British troops in that country, and share the higher staff appointments. Officers of the Indian Medical Service serve with the native troops, and still preserve the regimental system. There are also subordinate medical departments, military and civil, recruited locally, consisting of Assistant Surgeons and Hospital Assistants. The senior military Assistant Surgeons enjoy honorary military rank; this service consists of Europeans and Eurasians. The Civil Assistant Surgeons and the various grades of Hospital Assistants, military and civil, are all natives of India.

2. *Historical Sketch.*—From its foundation, the East India Company appears to have made some provision for the medical wants of its servants. The first ships which were sent out to India in 1600 carried Surgeons. John Woodall, Surgeon to St. Bartholomew's Hospital from 1616 to his death in 1653, and one of the leading London Surgeons of his time, was employed by the Company as their "Generall Chirurgeon." His duties appear to have consisted chiefly in the selection of medical officers for the Company's ships trading with India, and complaints were made of the inefficiency of the men appointed. Woodall drew up regulations for their guidance, and in 1617 published a work for their use; "The Surgion's Mate, or a Treatise discovering faithfully the due contents of the Surgion's Chest."

From an early date the Company's settlements and factories in the East were provided with medical officers, though long periods often elapsed, after the death or resignation of one factory Surgeon, before his place could be filled by a successor sent out from England. The Surgeons thus appointed were not combined into a regular service; a man was engaged as Surgeon for some particular settlement, and might hold that appointment until his death or return home. It was not until some time after the middle of the eighteenth century that the Indian Medical Service was constituted. An order, dated 20th October 1763, directed the formation of the service, by the combination into one body of the various medical officers then serving the Company in each Presidency, with effect from 1st January 1764. The service was thus, from the beginning, divided into three branches, the Bengal, Madras, and Bombay covenanted "Establishments." Previous to this date, the medical officers who held appointments as Surgeons to the scattered settlements and factories in India,

conditions of service, and prospects, which might be given to intending candidates, or other enquirers. In the pamphlet I had to point out that the pay of the I. M. S. (in 1903) was less than that received by officers of corresponding rank of the R. A. M. C., serving in India. In October, 1903, the pay of officers of the I. M. S. in military employ was increased, but the corresponding increase given to officers in civil employment was not sanctioned till March 1905. The publication of the article was deferred, pending these changes. In the meantime Sir William Hooper retired, and his successor, Surgeon-General A. M. Branfoot, C.I.E., considered that there was no necessity for the publication of the pamphlet, as the standard of qualification of intending competitors was as high as could be expected. The manuscript was accordingly returned to me. Some time afterwards I showed it to the Editor of the *Indian Medical Gazette*, who suggested that he should publish it in that paper. A good many changes have been made in the article, since it was first written, to suit altered circumstances; partly by bringing up to date some of the statements, partly by the omission of information which might be interesting to intending competitors, but to men already serving would be superfluous.

D. G. C.

* When on furlough, in 1903, I was asked by Sir William Hooper, K.C.S.I., then President of the Medical Board of the India Office, to write a sketch of the I. M. S., its history,

were civilians. They had, of course, the medical charge of the small staffs and garrisons, officers and men, of the various factories to which they were posted, and occasionally did duty with these troops in the field. But up to the time of the French wars in the middle of the eighteenth century, the East India Company possessed practically no standing army. Indeed, it was partly the necessity of providing medical officers for the Company's troops then serving in the field, which led to the formation of a regular medical service, with graded ranks, out of the heterogeneous body of individuals serving as medical officers.

The service, as thus constituted from 1st January 1764, was primarily a military service, though from the first many of its members held civil appointments. For twenty-four years the service was without any definite head, though the senior Surgeon in each Presidency held some vague and indefinite powers of control, or rather of recommendation to the local Government as to the control of the junior officers serving under him. In 1786 authority over the Bengal medical service was definitely delegated to a Medical Board, which held its first meeting on 29th May 1786. This Board consisted of three members, James Ellis, Andrew Williams, and John Fleming, with Thomas Gillies as Secretary. The Medical Boards of Madras and Bombay were constituted about the same time. At first the Medical Boards did little more than supervise the medical staff of the Presidency towns, gradually they developed into bodies holding authority over the whole service, and advising Government in all medical matters. But, up to the end of their existence, in 1857, they remained rather consultative than administrative bodies.

The Bengal Government proceedings of 7th May 1766 provided that the medical service should be divided into two separate corps, military and civil. To encourage men to remain with the army, the two head Surgeons at the camp were allowed "the same indulgence in a share of the Salt Trade and privilege of the *Dustuck* as the other four Head Surgeons at the Settlement." [*Dustuck*, or *dastak*, literally "handelapping," and hence passport, signifies the privilege of private trade.] As the extract shows, men were transferable from one branch to the other, which, after all, is pretty much the same state of affairs as now exists. Even at that time, judging from the inducement of trade profits offered to the Senior Surgeons in the army, to keep men permanently in military employment, the Civil branch of the service seems to have been preferred.

This nominal division into separate civil and military branches did not last long. A General letter from Bengal, dated 1st March 1773, in para. 73 notes that, when Senior Surgeon Mr. Daniel Campbell succeeded, on Mr. Ellice's (sic) resignation, to the headship of the service, Government found it necessary to unite the two departments of Civil and Military Surgeons "which will put them on a more equitable footing and prevent jealousies." Both Ellis and Campbell were among the medical officers serving prior to 1764. James Ellis bore the title of Physician-General. He returned to India, and rejoined the service, finally retiring on 31st December 1789, and dying on board the Indiaman *Burbridge* on his passage home. Campbell had the title of Surgeon-General. He retired in 1783.

For the next seventy years the history of the service was uneventful. The question of its division into two branches, one for civil and one for military duty, was more than once raised, but was always decided in the same way, *viz.*, that the medical was primarily a military service, and its first duty was military, as the Medical Department of the Indian Army, both European and native troops; and, while its members might be lent to the Civil Department for civil employment, they were always liable to recall to military duty. In 1858, when, after the suppression of the Mutiny, the Government of India was transferred from the Company to the Crown, the manner of maintenance of all the Indian services, civil and military, was for some time

under consideration, as to whether they should be kept up on the same terms as formerly, or not. Among others, the fate of the Indian Medical Service was in the balance for several years. From 1860 to 1865 no new admissions to the service took place. During this time it seemed most probable that the India Medical Service would be amalgamated with the Army Medical Department; and for some years the officers of the Indian Medical Service and those of the Army Medical Department serving in India were employed indiscriminately with both British and native troops, and in civil employment. The final decision came to was that the Indian Medical Service should be kept up under much the same conditions as before, the Queen's troops being as regards medical charge under officers of the Army Medical Department, while officers of the Indian Medical Service in military employment had charge of native troops only. This decision was announced by the Royal Warrant of 7th November 1764. In February 1865 the examinations for the Indian Medical Services were recommenced, and, with the exception of a year and a half (September 1870 to March 1872), have been held regularly every half year up to the present time.

The next epoch in the history of the service came in 1895-96. In 1895 the Indian Army was reorganized. The three Presidential Armies of Bengal, Madras, and Bombay were amalgamated into one Indian Army, which was subdivided into four Commands, Bengal, Panjab, Madras, (*) and Bombay; while the officers of the Bengal, Madras, and Bombay Staff Corps were united into one Indian Staff Corps, now the Indian Army. In this re-organization the Indian Medical Services shared. The last admissions to the Bengal, Madras, and Bombay Medical Services took place on 29th July 1896. All officers entering the service after that date were placed on one list, that of the Indian Medical Service; the first officers who entered this new development of the Indian Medical Services being commissioned from 28th January 1897. While they are all placed on one list, each officer is posted, on entry, to one or other of the commands, but is liable to general service with any branch of the Indian Army, and in any part of the Indian Empire.

Admission to the Service.—A diploma appears first to have been required in 1795. Previous to that year, a man nominated as Assistant Surgeon, who had not a diploma from one of the regular qualifying bodies, was sent for examination to the College of Surgeons, and, if found qualified, received a certificate as "qualified for appointment as a Hospital Mate" "to an Indiaman," or "to a Presidency," as the case might be. Men entered the Army and Navy on similar certificates.

Regulations for admission of Assistant Surgeons appear in the East India Register for the first time in 1822. The Assistant Surgeon, when nominated by a Director of the East India Company, had to be over twenty years of age. As regards his professional qualification, he must have a diploma in Surgery from one of the Colleges of Surgeons, London, Edinburgh, Glasgow, or Dublin, or a degree from Glasgow University. (It is curious that Glasgow is the only University mentioned, but Glasgow was the only University which at that time was giving a degree in Surgery, C.M., as opposed to medicine.) To show his proficiency in medicine, he had to produce a certificate of having attended a course of lectures on practice of physic, and the practice of a General Hospital in London, Edinburgh, Glasgow, or Dublin, for at least six months. He was then examined as to his knowledge of anatomy, physiology, and medicine, by Dr. Chambers, the Company's Physician in London.

Having passed this ordeal, the intending Assistant Surgeon had to attend a course of lectures on Hindustani by Dr. Gilchrist; to execute a covenant in the office of the Company's Secretary, finding two securities

(*) The Madras Command has since been abolished.

to the extent of £500; and to pay for his passage to India, £95 at the Captain's table (first class), or £55 at the third mate's table (second class).

The purchase of a nomination, either by a cadet or an Assistant Surgeon, involved forfeiture of the appointment. Both were ranked from the date of their embarkation, according to the seniority of the Director who nominated them.

In 1828 the following rules were added, that the Assistant Surgeon must possess a copy of Annesley's "Sketch of the most Prevalent Diseases of India"; and must embark within three months of the date of his acceptance of his appointment, and of his being sworn in. The condition of finding securities for £500 was left out in 1828.

In 1834 the Assistant Surgeon was required, as a condition of his appointment, to subscribe to the Military Widow's Fund; and in 1842 (in Bengal only) to the Military Orphan Society. In 1836 the age for admission was raised to 22 years, at which it stood till within the last few years. In 1836 also attendance on the practice of a Provincial General Hospital was recognised as qualifying for entrance to the service, provided that such hospital had a staff of physicians as well as of surgeons, and contained at least a hundred beds. In 1843 a certificate of proficiency in cupping was also required. In 1852 he was required to produce certificates of three months attendance on clinical instruction at a lunatic asylum, and three months at an ophthalmic hospital.

Competitive examination was introduced for the first time in 1855, the first examination being held on 8th January. The conditions of competition appear in the East India Register of that year. The examination was open to all natural born British subjects between 22 and 28 years of age, who were of sound health. The intending candidate had to produce proof of his age, a diploma in surgery, or a degree in medicine, including a surgical examination, (apparently no qualification in medicine was required from men who had a surgical diploma only), and the following certificates:—(1) two courses of six months lectures on practice of physic, and six months clinical work, or twelve months clinical work and six months lectures; (2) three months clinical instruction at a lunatic asylum; (3) three months at an eye hospital; (4) a course of lectures on midwifery, with the personal conduct of at least six labours; (5) a certificate of proficiency in cupping. Attendance on a course of lectures on military surgery was recommended only, probably on account of the difficulty of finding such a course.

The examination was partly written, partly *viva voce*, and partly practical, both by dissection and operations on the dead body, and clinically at the bedside. The following subjects for examination were laid down, (1) surgery, in all branches; (2) medicine, including diseases of women and children, therapeutics, pharmacy, and hygiene; (3) anatomy and physiology, including comparative anatomy; (4) natural history, including botany and zoology.

In the following year a few modifications were introduced into the rules for examination. A certificate of good moral character was required, a course of operative surgery on the dead body was recommended, and successful candidates were given choice of Presidency, as long as a choice remained. It was also announced that examinations would be held in January and July of each year. It will be seen that not much change has taken place in the examination since its first institution.

From the first, besides the men appointed as Assistant-Surgeons by the Directors at home, others, chiefly Surgeons to the Company's ships, were appointed to the service in India. Even after competitive examination had been instituted, a few men were nominated to the service, up to 1858.

When a batch of Assistant-Surgeons arrived together, their commissions were usually dated on successive

days, one after another. Occasionally two or three were dated on the same day. But the first instance of a large batch all dated the same day is that of 24th January 1855, these being the first batch admitted by competitive examination.

From 1840 to 1857 Assistant-Surgeons on first appointment appear in the Army List as supernumeraries, and are not always finally ranked in the same order as that in which they first appear. From April 1848 to January 1855 the discrepancies between order of entrance and order of final rank are especially numerous and great.

In the years 1817 to 1825 a large number of acting temporary Assistant-Surgeons appear in the Army List, below the permanent holders of the rank. About one-half of these officers were finally confirmed in the service, a year or two later than their first acting appointments, the rest were not confirmed. Again, in 1841, a number of men were temporarily taken on for the China war, but the names of these men do not appear in the Army List.

Unlike the R.A.M.C., the I.M.S. has never had any difficulty in getting as many recruits as it wanted, except, perhaps, on one occasion. Even in the eighteenth century, service in the I.M.S. seems to have been sought after, for we read complaints from the Court of Directors at home that the authorities in India were making too many appointments to the service locally, to the detriment of men sent out from home, who found themselves joining the service junior to the locally appointed men. The Court insisted that the men thus appointed in India should always rank junior to those sent out from England in the same year, though the latter might join later.

As long as admission to the service could be obtained only through the nomination of a Member of the Court of Directors, such nominations were eagerly sought after, and a nomination to an Assistant-Surgeoncy in the I.M.S. was regarded by newly qualified medical men as a prize. In the Medical Journals from 1850 to 1855 may be found many instances in which a Director of the East India Co., presented a nomination to the I.M.S. to the authorities of one of the London Medical schools, who offered it as the prize of a competitive examination, for which their best senior students and residents entered. Yet, strange to say, when the service was thrown open to competition for the first time in January 1855, only 28 candidates appeared, while 30 vacancies were offered for competition. At the next examination, in August 1855, fifty vacancies were offered for which 55 candidates presented themselves, though only 46 were admitted.

As regards the relative popularity of the R.A.M.C. and the I.M.S., it may safely be stated that, while examination for the services were held simultaneously, competition was usually much brisker for appointments in the Indian than in the Home Army—as a rule, the candidates for the former obtained higher marks than those for the latter; though, of course, the fact must be taken into consideration that the strength of the A.M.D. has always been greater than that of the I.M.S., and consequently the number of vacancies to be filled has also always been larger.

During the first six years, 1897 to 1902 inclusive, after the last reorganization of the I.M.S., 233 men entered the service, of whom no less than 157 held University degrees, 19 of them having graduated with honours; while twenty held diplomas in public health, in addition to their medical qualifications.

Civil and Military Employ.—The I.M.S. is and always has been primarily a military service, members of which are temporarily lent for civil employment. This was definitely laid down when the service was first constituted in 1764; it was again enforced in the orders of 1788. The question of the division of the service into two branches, military and civil, the men in each branch being permanently posted to that branch, and not interchangeable, has again and again from

time to time cropped up. It has always been decided in the same way. The I. M. S. is primarily a military service, it is kept up as a department of the Indian Army, and the officers in civil employ, who are more than one-half of the whole number, form a great reserve, available in time of war to supplement the military branch. It is true that it would be hardly possible to withdraw *every* officer in civil employ for military duty—as a matter of fact nothing like one half have ever been so called up at one time,—but probably in a great emergency three-fourths of them could be recalled to military duty. We have lately seen, in the South African war, how the R. A. M. C., a purely military service, proved utterly unequal to the demands upon it *numerically* (though not in any other respect), and how it was necessary to supplement the medical department of the regular army by a very large number of temporarily engaged Civil Surgeons, both at home and in the field; in addition to which all the auxiliary corps, militia, yeomanry, and colonials, brought their own medical officers with them. In India private practitioners would not be available to reinforce the military medical officers, at least certainly not in anything like sufficient numbers. The reserve of the Medical Department of the Indian Army is furnished by the officers of the I. M. S. in civil employ.

Every officer of the I. M. S. is posted to military duty on first entering the service, and must do two years' military duty before he is eligible for civil employ. The majority apply for civil employment sooner or later, but some officers spend their whole service doing regimental duty; and others, after a longer or shorter trial of civil work, revert of their own choice to military employment.

The advantages of military employ are obvious, and are especially attractive to the younger members of the service. The work is usually not hard, except in times of war or epidemic; the pay is somewhat higher than in civil employ; there is always congenial society. For the regimental medical system is still in force in the Indian Army, the medical officer is one of the officers of the regiment to which he is posted, as much as any other officer in it, not a member of a separate department of his own, standing entirely outside regimental life. And, while there may be two opinions as to the relative efficiency of the departmental and the regimental system of medical administration, there can be only one as to which is socially the most pleasant for the officers concerned. Against these advantages, however, various drawbacks must be set. The military medical officer is not likely to get anything more than his pay. In some cases, it is true, he may get charge of a cantonment hospital, or of a small civil surgeoncy or jail, in addition to his military duties, with extra pay for the extra work; but he cannot count upon such with any certainty. And, when such extra charges are to be had, they are usually given to the senior officer available. Again, the work in the hospital of a native regiment, while light, is often very uninteresting. There is next to no surgery, and the whole professional work sometimes resolves itself into the treatment of a few cases of fever, dysentery, blistered feet, or rheumatism. In such cases the medical officer is apt to become rusty and to lose interest in his profession. And even in regimental employment, life may be deadily dull, if stationed in a small outpost, with only one or two other European officers. Such duty usually falls upon junior officers. A few extra-regimental appointments are held by men in military employ; three Secretaryships to Surgeon-Generals, and four Medical Store-keeperships. The former are held by officers of Captain's rank, the latter usually by senior officers.

On first entering civil employment, the disadvantages, to a young officer, are probably more in evidence than the advantages. It is necessary to begin at the bottom, and it is likely that the station to which a man who has just entered civil employ is first posted, is anything but a paradise. Naturally, the junior men get the least

important stations, those in which the hospital is poorest and worst equipped, the allowances and the practice smallest, the social advantages least, and life most dull. And how dull and wearisome life may be in such a station, where his work is perhaps the only thing in which an officer can take an interest, only those who have experienced it can understand. Some such stations may afford an alleviation by fair sport, but by no means all. Such work falls heaviest on the junior officers, who are most likely to get it, and who feel it more than their seniors. Bengal, and especially Eastern Bengal, are the provinces in which these "penal settlements," as they are sometimes called, are most numerous and most unpleasant; on the other hand, civil employ in Bengal is probably more lucrative all round than in any other province, even the smallest stations affording some private practice. And the medical officer sees less of such stations than officers of the other services, the Civil Service and the Police; for the Civil Surgeoncies of a number of such stations are usually held by Military or Civil Assistant-Surgeons. Nor is it likely that a doctor, as sometimes happen to men of the other services, will be the only European in his station. Having related the disadvantages, it is necessary to display also the other side of the shield. The smallest stations are not necessarily the least healthy; some of them are fairly pleasant places to live in, if only there were a few more people, and there may be good shooting. Moreover, an officer may expect before long to be removed to a better station, one pleasanter to live in or more lucrative. Appointments of very varied nature are held by men in civil employ, but the majority are doing the work of the ordinary District Civil Surgeon, in the regular line; the seniors and the men most highly thought of in the better stations, the juniors and those less highly considered in the worse stations. The ordinary Civil Surgeon's work is extensive and varied, but not as a rule oppressive in amount, except in a few stations, or temporarily for exceptional reasons, such as a cholera epidemic in the jail. It is always much heavier than that of a military medical officer, under ordinary circumstances, and the pay is somewhat less; but the total income is greater, and the very variety of the work lends interest to it; a man must be very indifferent to his work who cannot take an interest in some one or more branches thereof.

The Civil Surgeon's first duty, when he begins his morning's work, will probably be to visit his jail, of which he is Superintendent, as well as Medical Officer. Every civil station has a jail. But in some, about one out of every ten, the jail is a central jail, receiving the long-term prisoners from eight or ten other districts, as well as the ordinary crop of convicted criminals from its own district. Most central jails are too onerous a charge to be placed on a Civil Surgeon, in addition to his own work. Except a few of the smaller ones, each has therefore a medical officer as "whole time" Superintendent. In such cases the Civil Surgeon has nothing to do with the jail, no allowance, and no work nor responsibility. The ordinary district jail contains from 50 to 400 prisoners, usually over 200, and the jail allowance varies from Rs. 50 to Rs. 100 a month, according to the number of prisoners in the jail. The larger ones have, under the Superintendent, a staff of three native officials, a jailor or *darogha*, an assistant jailor or *naiib darogha*, and a Civil Hospital Assistant in subordinate charge of the jail hospital. Some of the smaller jails have no jailor, only the two other native officials. The warder guard, which also is under the orders of the Superintendent, varies in strength with the size of the jail. The jail will usually give the Civil Surgeon from one to two hours' work a day, according to circumstances. A few of the smaller central jails are held by Civil Surgeons, in addition to their own duties, with a jail allowance of Rs. 300 a month.

From the jail the Civil Surgeon will probably go on to the hospital, where he will most likely have another

hour's work at the least, it may be two or three hours; sometimes, in times of pressure, even more. The time spent in hospital, however, depends a good deal on a man's own enthusiasm and fondness for the work. In subordinate charge of the hospital he will usually find a Civil Assistant-Surgeon, a graduate of one of the Indian Universities, a highly trained and educated officer, speaking English fluently, and generally quite competent to take charge of the hospital, and the other medical duties of the station, during the Civil Surgeon's frequent absence on inspection duty. In some of the smaller hospitals the officer in subordinate charge is a Civil Hospital Assistant, a diplomate of one of the vernacular medical schools. Men of this class vary very much in their work and their professional attainments, the best of them are very good, and it is usually the best who are serving in stations where there is no Assistant-Surgeon. Almost all of them have enough knowledge of English to understand it and make themselves understood. At the hospital the Civil Surgeon will probably do most of the operative surgery, though it is advisable to let the Assistant-Surgeon also have a fair share of this, the most interesting part of the work, to keep up his interest and knowledge. The amount of operative surgery varies greatly in different places, with the locality (*e.g.*, stone is very common in some parts, almost unknown in others); with the equipment of the hospital, which must chiefly depend upon its income; with the skill and popularity of the Civil Surgeon and the Assistant-Surgeon; and with the accessibility of a larger or more popular hospital.

Another daily duty of the Civil Surgeon is his office, where, with a native clerk to assist him, he will have to deal daily with a pile of correspondence, from the Inspector-General of Hospitals and Sanitary Commissioner, from the Magistrate, from the dispensaries under him, from neighbouring Civil Surgeons, etc. Office work is seldom very urgent; it can usually be done, if preferred, in the afternoon. It occupies about an hour a day, sometimes more, but often less. The clerk is, as a rule, competent to prepare the numerous returns, which form the bane of the lives of most officers of all services.

There will also be a police hospital in the station, which has to be visited daily. This seldom takes much time. A Civil Hospital Assistant is in subordinate charge, there are seldom many patients, and those sometimes not seriously ill. This can be fitted in when most convenient, according as it is near the jail, the hospital, etc.

A very important part of a Civil Surgeon's duties is the performance of medico-legal *post-mortems*. These, however, are not nearly so numerous as they were twenty years ago, though even now the majority never get the length of requiring evidence in court. A *post-mortem* should, as a rule, be done as soon as possible after the body has reached the mortuary, and the papers have been received by the Civil Surgeon from the police; though the time this work is done will depend more or less upon the locality of the mortuary, etc. If possible, one will naturally prefer to do it after the hospital visit, rather than before. The Civil Surgeon always has the help of a *dom* or sweeper in cutting up the body.

The time for visits to patients, official or private, will necessarily depend on various circumstances, such as the urgency of the case, the locality of the patient's residence, etc. Civil Surgeons have to attend gratuitously, at their own homes, as part of their duties, all civil officers at the head-quarters of the district, European or native, whose pay is over Rs. 250 a month. Attendance on wives and families is not gratuitous, but private practice, the usual arrangement being for a civil officer, whose wife and family are living with him, to pay the Civil Surgeon one week's pay in the year for medical attendance on them. Military officers are entitled to free medical attendance on their wives and families, as well as on themselves. In both cases medicines, such as are available, are supplied free by Government.

The Civil Surgeon is also *ex-officio* Superintendent of Vaccination and Inspector of Factories in his district. As Superintendent of Vaccination, he will have from 20 to 50 vaccinators, and from two to six native inspectors of vaccination under him. Vaccination work is done almost entirely in the cold weather, between October and March. For the inspection of factories fees are paid by Government to the Civil Surgeon, Rs. 16 for each inspection, if the factory employs less than 200 hands, Rs. 32 if it employs over 200, as most of them do, the number in some running up to five or six thousand. In many, indeed in most districts, there are no factories, hence no factory inspection and no fees; in some few, the amount of fees averages Rs. 100 or even more monthly throughout the year. Factories should be inspected at least twice yearly.

In a very few districts the Civil Surgeon is Superintendent of a Lunatic Asylum or of a vernacular Medical school, the allowance being usually Rs. 200 or Rs. 250 a month for each.

Every Civil Surgeon has to do a certain amount of touring and inspection work during the year, inspecting dispensaries and vaccination. The number of outlying dispensaries in a district varies from two or three up to about forty, it is usually from 12 to 20; the more dispensaries, the heavier the office work. Theoretically he is supposed to inspect each dispensary four times a year, but where there are over twenty dispensaries this becomes an absolute impossibility, having due regard to work at head quarters. Practically, the amount of inspection work, so long as each dispensary is visited at least twice a year, is left very much to the Civil Surgeon's own energy and discretion. Vaccination inspection is done while visiting dispensaries in the cold weather. To inspect 3,000 or 4,000 cases of vaccination in the season is fair work; few do as much as 10,000. When travelling on duty, the Civil Surgeon receives travelling allowances at the same rates as other Civil officers; double first class fare by rail; by road eight annas a mile if he covers more than twenty miles in a day, five rupees a day when he does less, or when halting. The military officer, travelling on duty, receives a warrant, entitling him, and his family if he has one, to travel first class; he also is allowed to take with him, free of expense, several servants, a quantity of luggage, and, if he is a mounted officer, one or more horses.

The majority of the medical officers in civil employ are Civil Surgeons of districts, but there are many other branches of civil medical work.

Some thirty men are employed as Residency Surgeons under the Foreign Office, Surgeons to the Residents at Native Courts, etc. Some of these appointments are among the pleasantest open to the service, some are also lucrative. Others are in desolate and distant places, "remote, unfriended, melancholy, slow." Naturally the seniors usually hold the best appointments. Either as a Civil Surgeon or as a Residency Surgeon, it may happen that a man never sees a bad station, but such a case is exceptional. An officer who recently retired, with 33 years' service, got one of the pleasantest and most favourite Residency Surgeoncies at three years' service, held it for 25 years, and then put in his last five years as an Inspector-General of Civil Hospitals.

The Jail Department employs a considerable number of men. Its advantages are, higher pay than the regular line, a free house, service in fairly good stations, and the chance of becoming an Inspector-General of Jails, of whom there is one in each province, highly paid appointments, usually filled from the jail department. The disadvantages are monotony of work, and separation from professional, especially from surgical work.

The Professorships in the Medical Colleges are perhaps the appointments most sought after. They are by no means well paid, considering that they are supposed to attract the very best men in the service, but lead to professional reputation, and usually carry with them a large, sometimes a very large, private practice. At the same time, the expenses of living in the

Presidency towns are great, and the work of a man, who runs a large private practice, as well as holding a University Chair, and does his duty by both, is very hard indeed; while the amount earned is much exaggerated, as no doubt is also the case with the most successful men at home.

There are several junior appointments, in connection with the medical colleges and hospitals in the Presidency towns, which are well paid for the junior men who hold them, and give great opportunities for professional work, sometimes for professional reputation.

The Scientific appointments are few in number, but are usually well paid. The appointment of Superintendent of the Calcutta Botanical Gardens is about the best, the officer holding it is also Government Quinologist, and Professor of Botany in the Calcutta Medical College, and receives an extra Rs. 200 a month, as well as a good house, rent-free, in the Botanical Gardens at Sibpur, on the Hughli, opposite Calcutta. There is also a junior Botanical appointment, that of Curator of the Herbarium, the holder of which receives only grade pay and a house, but usually succeeds in turn to the higher appointment. There is a second Botanical garden, at Saharanpur, in the United Provinces, the charge of which has been held by some of the most distinguished Botanists in the service, Royle, Falconer, and Jamieson, but for many years past the Superintendent has not been a service man.

Two appointments in the Natural History line are open, those of Superintendent of the Calcutta Museum, with a good house in the Museum grounds, and Surgeon Naturalist to the Indian Marine Survey, serving on the Royal Indian Marine Steamer *Investigator*. These scientific appointments are usually, but not necessarily, held by men in the I. M. S. They have the great advantage that a man draws his pay, and that good pay, for pursuing his own tastes and hobbies; also that they are very independent positions, much more free from criticism than any appointment in the regular line of any service.

The Chemical Department furnishes Professors of Chemistry and Chemical Examiners, one to each province. The appointments are congenial to those who have a taste for chemistry, but not very highly paid.

There are a few Bacteriological appointments. Each medical college has a Professor of Pathology, who pursues this subject, and there are a few other appointments outside the colleges. These, again, are not necessarily held by men in the I. M. S.

The Sanitary Department employs a good many officers, one Sanitary Commissioner for each province, with from one to three Deputy Sanitary Commissioners. The Sanitary Commissioners are usually officers of from twelve years service upwards, and are well paid. The Deputy Sanitary Commissioners are neither very well paid nor very popular; men are generally ready to leave them for fair Civil Surgeoncies. The Sanitary Department requires better pay in the junior appointments to attract, and keep, good men. A few of the largest cities have special Health officers, fairly well paid, who may or may not be service men.

There are four appointments in the Mint, which are usually held by I. M. S. men, those of Assay Master and Deputy Assay Master in the two mints, Calcutta and Bombay. The Assay Masterships are about the best paid appointments open to men in the I. M. S. They are always filled by the promotion of the Deputy Assay Masters, and these appointments require a special training, which few men entering the service have undergone.

During last century a good many men drifted off into employment in the "Commissions" of the non-regulation provinces, as Magistrates or Deputy Commissioners, but for the last quarter of a century no man in the I. M. S. has been thus employed. A few also served as Political Agents and Residents in the Political Department, but no I. M. S. man is so serving now; the last who did so was Sir George Robertson, of Chitral fame.

Paragraph 22 of the India Office Memorandum definitely grants the right to private practice, so long as it does not interfere with Government work, to all medical officers, except those holding certain specified appointments. The first mention of private practice is in a letter from the Court of Directors, dated 22nd February, 1764, paragraph 119, which runs as follows: "You inform us that you have appointed two additional Surgeons at Calcutta . . . that some further assistance is necessary on account of the increased number of persons in our service, civil and military, we cannot but admit; but with respect to the inhabitants, they most certainly ought to reward the Physicians who attend them at their own expense."

(To be continued.)

Service Notes.

THE following resolution by the Government of India, Finance Department, 17th December 1906, is of importance to Civil Surgeons:—

"Read—Letter from the Government of Bombay, No. 5524, dated the 6th June 1906, regarding the grant of travelling allowance to an officer of Government travelling in attendance upon another officer who, being in ill-health, is advised by competent authority to proceed to a Presidency town or elsewhere to procure further medical advice, and requires attendance on the way.

His Excellency the Governor-General in Council is pleased to lay down the following rules for the grant of travelling allowance to an attendant accompanying a sick officer proceeding on leave on medical certificate, or undertaking a journey with the object of procuring further medical advice:—

1. Government will not pay the travelling allowance of such an attendant, unless he is a Medical Officer, whose official duty it is to attend on the patient, or is a Government officer ordered or requested by the Medical Officer to accompany the patient.

2. If a Government servant, under the advice of the Civil Surgeon or other Government Medical Officer whose official duty it is to attend him professionally, is required to undertake a journey to a Presidency town or elsewhere, either when proceeding on leave on medical certificate, or to procure further medical advice, and the Civil Surgeon (or other Medical Officer as above) considers that it would not be safe for him to make the journey without attendance on the way, the Medical Officer may, either himself accompany the patient to his destination, or depute or arrange with some other Government officer to do so.

3. In such a case, the attendant shall be deemed to have been travelling on duty, and may draw travelling allowance at the usual rates for the journey both ways.

Ordered, that a copy of this Resolution be communicated to all Departments of the Government of India; to all Local Governments and Administrations; to the Heads of Departments subordinate to this Department; to the Comptroller and Auditor-General and to all Accountants-General and Comptrollers."

THE following appeared in India Army orders, dated 28th January:—

"Languages—Examination.—With the approval of the Right Honorable the Secretary of State for India, the Government of India sanction the institution of a new literary examination in Urdu, intermediate between the higher standard, and the high proficiency tests, to be called the 'Proficiency' examination.

The following rules for the examination of military officers are published for general information. They will have effect from the 1st July 1907:—

I. The examination will be open to officers who can, under the existing regulations, appear at the high proficiency examination in Urdu.

II. A reward of Rs. 750 will be granted to successful candidates.

III. No officer will be permitted to appear more than three times as a candidate at the examination.

IV. No officer will be eligible for the reward unless he passes the examination before the completion of ten years, counted from the date of his first arrival in India. No exception to this rule will be made on account of leave or any other cause.

V. The examination will be held quarterly, on the first Monday in January, April, July, and October of each year,